

For residents of Massachusetts who are not eligible for Medicare, Prescription Advantage may be able to offer primary prescription drug coverage.

Category	Income if single:	Income if married:	Monthly premium	Annual Out-of-Pocket Spending Limit	Individual quarterly deductible	RETAIL co-payments (up to 30-day supply)			MAIL ORDER co-payments (up to 90-day supply)		
						Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
1	\$0 - \$14,040	\$0 - \$18,900	\$0	\$690	\$0	\$7	\$18	\$40	\$14	\$36	\$80
2	\$14,041 - \$19,552	\$18,901 - \$26,320	\$0	\$1,380	\$0	\$7	\$18	\$40	\$14	\$36	\$80
3	\$19,553 - 23,400	\$26,321 - \$31,500	\$0	\$1,920	\$65	\$12	\$30	\$50	\$24	\$60	\$100
4	\$23,401 - \$31,200	\$31,501 - \$42,000	\$0	\$2,295	\$110	\$12	\$30	\$50	\$24	\$60	\$100
5	\$31,201 - \$52,000	\$42,001 - \$70,000	\$0	\$3,065	\$220	\$12	\$30	\$50	\$24	\$60	\$100
6	\$52,001 and over	\$70,001 and over	\$0	\$5,105	\$350	\$12	\$30	\$50	\$24	\$60	\$100

**Deductibles and Co-payments:**

Each quarter, you must pay the deductible amount (if any) listed. Once you have paid the deductible, you pay only the co-payments for the remainder of that quarter.

**Annual Out-of-Pocket Spending Limit:**

If your total spending for deductibles and co-payments reaches your spending limit amount, Prescription Advantage will cover your co-payments for the remainder of the Plan year for all drugs covered by Prescription Advantage.

**How to Determine Which Drugs are Covered:**

Prescription Advantage uses a Plan formulary, which is a list of prescription drugs available to members. The Plan formulary is developed, reviewed and updated by a select panel of pharmacists. For detailed information regarding your medications and whether or not they are covered, please call Prescription Advantage Customer Service or check the Prescription Advantage website at [www.800ageinfo.com](http://www.800ageinfo.com).